

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035918

STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 5523 Registrar's No. 46

DO NOT WRITE
ON THIS STUD

AMENDED

FILED OCT 15 1963

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Green Township</u>		c. CITY OR TOWN <u>Salem</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>State Park Swimming Area Cove</u>		d. STREET ADDRESS (If outside, give location) <u>820 E 4th St</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jackie Cleo Davis</u>		4. DATE OF DEATH Month Day Year <u>Oct 10-1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 1-24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11a. FATHER'S NAME <u>Lewis LeRoy Davis</u>		11b. MOTHER'S MAIDEN NAME <u>Hattie Pettigrew</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		12b. SOCIAL SECURITY NO. <u>1100 21 1711</u>	
13. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u>		14. NAME OF HUSBAND OR WIFE <u>Bernardine Davis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>While Fishing in Boat</u>	
20c. TIME OF INJURY Hour a.m. <u>2:00</u> Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Lake</u>		20f. CITY, TOWN, OR LOCATION <u>Lake Pamm DeTerra Lake - Hickory Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at: <u>Around 6:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Dr. H. H. Hawkey Coroner</u>	
22b. ADDRESS <u>1400 Highland Mo.</u>		22c. DATE SIGNED <u>Oct 10-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-13-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery Salem Mo.</u>	
24. FUNERAL DIRECTOR <u>W. A. F. Funeral Home - Salem, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 10-1963</u>	
26. REGISTRAR'S SIGNATURE <u>May Johnson</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS 300
Rev. 4/59
10430
20331
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99294
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NOV 5 1963

OCT 17 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Chas. Gilbert Hathaway

Licensed Embalmer No.

4267

P. O. Address

Wheatland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Oct 10. 63
(m8)